DOCUMENT RESUME

ED 166 554 CE 020 045

TITLE	Poison Awareness: A Discussion Leader's Guide.
INSTITUTION	National Evaluation Systems, Inc., Amherst, Mass.
SPONS AGENCY	Consumer Product Safety Commission, Washington, D.C.
PUB DATE	[77]
NOTE	54p.; Not available in hard copy due to reproducibility problems. For a related document see CE 020 046
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Child Care; Educational Interest; Educational Needs; *Family Environment; Health; Learning Activities; Perception; *Prevention; Program Evaluation; *Safety Education; Secondary Education
IDENTIFIERS	*Poisons

ABSTRACT

Because over 40,000 children are annually poisoned by household products, this guide for group leaders emphasizes hazards and preventive actions. Major objectives are defined: (1) to raise the audience's knowledge/awareness level concerning major hazards associated with potentially poisonous household products, (2) to point out primary hazard patterns associated with ammonia, aspirin substitutes, over-the-counter antihistamines, the petroleum distillates, and (3) to inform, educate, and effect behavior changes in the audience about proper selection, use, storage, disposal, and emergency procedures related to these products. The guide is divided into seven sections; section 1 describes the contents of each chapter. Chapter 2 contains basic information on accidental poisoning and poison prevention related to children age five and under. The third chapter provides tools to help the leader identify group concerns and needs. Chapter 4 contains a sample text of opening comments for the leader's presentation. A series of activities designed to help group members become aware of potential poisons in the home and develop behaviors to prevent accidental poisoning are suggested in chapter 5. Chapter 6 focuses on identification of poison-preventive measures participants should plan to take as a result of the presentation, and the final chapter provides evaluation forms for participant feedback. (For the resource book for teachers, grades 7-9, see CE 020 046.) (CSS)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED166554

POISON AWARENESS

A Discussion Leader's Guide

CE 020 045

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

2

Poison Awareness

The U.S. Consumer Product Safety Commission

Each year in the United States, approximately 21 million people are injured and around 25,000 killed in home accidents. The majority of these injuries and deaths are product related. The annual cost of home injuries exceeds 9.5 billion dollars.

Congress recognized the urgent need for Federal regulations to ensure safer consumer products when it passed the Consumer Product Safety Act in 1972. The Act called for the creation of a new, independent Federal regulatory agency. The U.S. Consumer Product Safety Commission was activated on May 14, 1973 and directed by Congress to:

—protect the public against unreasonable risks of injury associated with consumer products;
—assist consumers in evaluating the comparative safety of consumer products;
—develop uniform safety standards for consumer products and to minimize conflicting state and local regulations; and
—promote research and investigation into causes and prevention of product-related deaths, illnesses, and injuries.

The Commission has jurisdiction over more than 10,000 products used in the home, school, and recreation areas. In its efforts to protect the public from serious product-associated injuries, the Commission needs the help of every consumer, young and old.

To report a hazard or a product-related injury, write to the U.S. Consumer Product Safety Commission, Washington, D.C. 20207. In the continental United States, call the toll-free hotline—800-638-2666. Maryland residents only, call 800-492-2937. The teletype hotline number for the deaf is 800-638-2690. Maryland residents only, call 800-492-2938. The TTY operates from 8:30 AM to 5:00 PM EST.

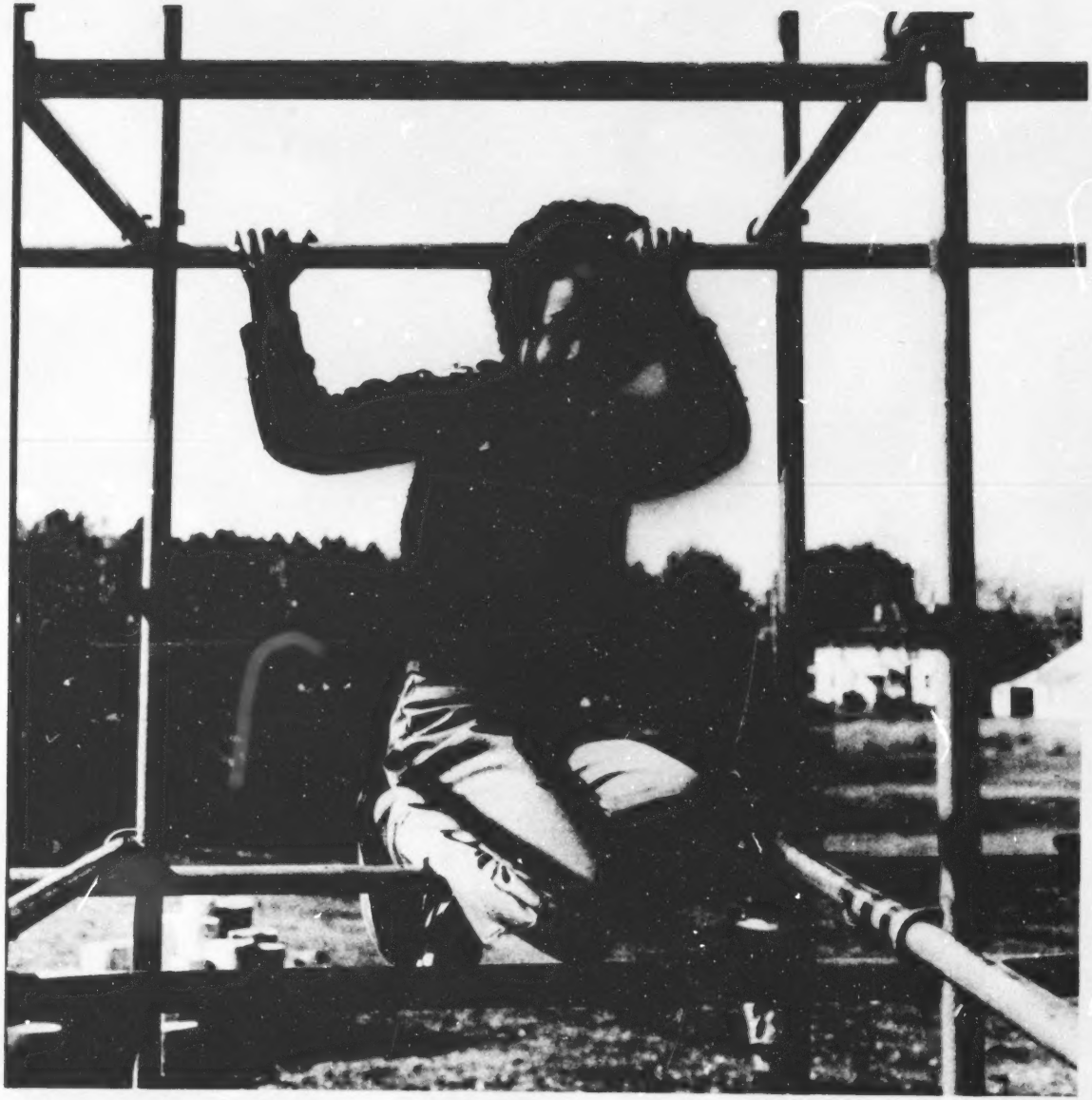
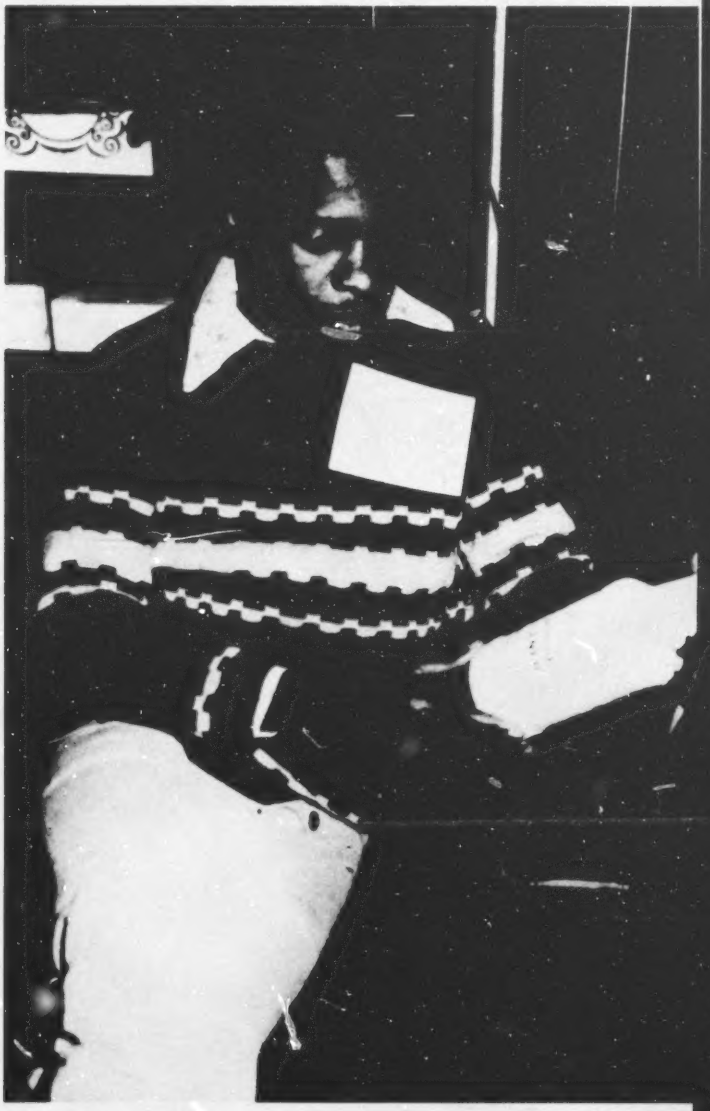


Table of Contents

Introduction		1
Using This Guide		2
Chapter 1	What's in Each Chapter	5
Chapter 2	Content Background	7
Chapter 3	Identifying Group Concerns and Needs	12
Chapter 4	Suggested Opening Comments	14
Chapter 5	Activities for Audience Participation	19
Chapter 6	Group and Presenter Summations	36
Chapter 7	Presentation Evaluations	37
Appendix	Materials on Poison and Poison Prevention	39
Handout	Making My Home Safe	43

DETERGENT



Introduction

This discussion leader's guide is a tool kit of ideas, activities, and techniques which can be used to accomplish three very important objectives:

1) to raise the level of awareness and knowledge of the audience concerning the major hazards associated with potentially poisonous household products in general

2) to point out the primary hazard patterns associated with ammonia, aspirin substitutes, over-the-counter antihistamines, and petroleum distillates

3) to inform, educate, and effect behavior changes in the audience about the proper selection, use, storage, disposal, and emergency procedures related to these products

This guide is not meant to be a comprehensive document on all common potential household poisons. Since there is a range of 85-380 million containers of ammonia products, aspirin substitutes, over-the-counter antihistamines, and petroleum distillate products in American homes, and because over 40,000 children under five accidentally ingest these products annually, this guide addresses hazards and preventive action specifically related to these four types of products.

Using This Guide

Everything you need to prepare and make a presentation on potential poisons and poison prevention is contained in this DISCUSSION LEADER'S GUIDE. In addition, the materials required for the various group activities are identified in each activity description. Handouts to accompany many of these activities have been provided and may be duplicated directly from the page.

This guide was prepared with the assumption that the average presentation would last from 45 minutes to one and a half hours at most. You would begin with opening comments presenting basic information about potential poisons.

The focus of your presentation should be one or a series of group activities designed to achieve the three objectives of this guide stated on page 1. To conclude the session, you and your group should sum up what they learned or accomplished. In addition, if you plan on giving future presentations similar to this one, you should have your group fill out an evaluation form so you can assess the strengths and weaknesses of your presentation. Instructions for preparing each of these steps are outlined in the succeeding chapters. In fact, the sequence of chapters follows the sequence of your presentation.

Your Role as a Group Leader

Your role as a group leader is primarily:

- to identify and establish the need for conducting a presentation on poison prevention.
- to present your group with facts about potential poisons and poison prevention.
- to implement and guide group activities in order to get participants to exhibit poison preventive behavior.
- to sum up the information covered during the presentation and urge participants to be more conscious about poison prevention.

To accomplish the above, use the following checklist to help you implement your presentation:

_____ 1. Acquaint yourself with content background about potential poisons and poison prevention. (Chapter 2)

_____ 2. Identify as many specific needs, concerns and interests as possible from your group before planning your presentation. (Chapter 3)

_____ 3. Prepare your opening comments to be both interest-provoking and informative. (Chapter 4)

_____ 4. Select and prepare for one or more activities for audience participation. (Chapter 5)

_____ 5. Plan a brief summation. (Chapter 6)

_____ 6. Use a presentation evaluation form to gather feedback on your effectiveness if you plan on giving similar presentations in the future. (Chapter 7)

_____ 7. Duplicate "Making My Home Safe" (Pages 41 to 44) to distribute during the presentation.

Every attempt has been made to explain the rationale and methodology for each stage of this presentation. You may use the comments and activities provided exactly as they are presented here. This guide was designed, however, to be used as freely as possible. You are encouraged to modify the approach in any way to best suit the needs of your group—whether it is to change the vocabulary, highlight certain points, lengthen or shorten activities, or use the material provided as a basis for developing your own activities.

When you plan group activities, choose any single activity or combination of activities which fit(s) both the needs and interests of your group as well as your time limitations. Each activity has a suggested time frame. This may be helpful in planning your agenda, but group involvement can be an effective guide to the success of an activity and whether you should cut it short or let it run over during the actual group meeting.

Chapter 1

What's in Each Chapter

Below is a brief description of what is contained in each of the following chapters. Each chapter deals with one specific component of a presentation.

Chapter 2: Content Background. This chapter contains basic information on accidental poisoning and poison prevention related to children age five and under — specifically, information dealing with accidental poisoning from ammonia products, aspirin substitutes, over-the-counter antihistamines, and petroleum distillate products.

Chapter 3: Identifying Group Concerns and Needs. This chapter provides the necessary tools to help you identify group concerns and needs. This is an important element in planning your presentation because your group may have specific needs or interests of which you may not be aware. The better able you are to determine what these interests and concerns are and incorporate them in your presentation, the more receptive your group will be and the more likely they will become actively involved in learning poison-preventive behavior.

Chapter 4: Suggested Opening Comments. This chapter contains a sample text of opening comments for your presentation. You may base your opening comments on those provided or develop your own. If you use the comments provided in the guide, you may want to read them aloud to yourself, or read them into a tape recorder and play them back to yourself before presenting them.

Chapter 5: Activities for Audience Participation. This chapter contains a series of activities designed to help group members become aware of potential poisons in the home and develop behaviors to prevent accidental poisoning. A wide range of activities designed to work with a variety of groups is provided.

Chapter 6: Presenter and Group Summations. This chapter explains how you and your participants should review the session's activities and draw some conclusions regarding poison prevention. The focus is on the identification of poison-preventive measures participants should plan to take as a result of this presentation.

Chapter 7: Workshop Evaluations. This part of the guide provides evaluation forms for participant feedback. This feedback can help you better plan future presentations. It will be valuable for you to find out how effective participants feel the presentation has been and to gather their suggestions for improving future presentations

Appendix: The appendix lists additional resources for poison prevention useful to you for conducting a presentation (such as handouts) and also for referring participants interested in more information. Be sure to allow several weeks for mailing if you are planning to use materials in a particular presentation.

If you are planning continuous or extensive group work on poison prevention, a suggested publication is the "How-to Manual" produced by the U.S. Consumer Product Safety Commission. This manual describes how to develop a community product safety program centered around action-oriented conferences and workshops, and how to plan for, systematically organize and effectively promote such conferences and workshops.

At the end of this guide you will find a handout entitled "Making My Home Safe." This handout has been designed for you to duplicate and distribute to each group participant. It contains, in graphic form, a simple guide to poison-proofing the home. Distribute the handouts at the conclusion of every workshop or, if appropriate, during an activity. Urge all participants to read this handout and to use it as a reminder of the simple steps they can take to poison-proof their homes.

Chapter 2
Content Background

The group most affected by accidental poisonings are young children five years old and under. From 500,000 to 1,000,000 American children accidentally ingest potentially poisonous materials every year[1], and more than 100 children under five years of age die as a result[2]. Some 75 percent of the poisoning reports made to the National Clearinghouse for Poison Control Centers involve children under the age of five who have ingested products that are commonly found in and around the home[1].

WHY POISONINGS OCCUR

Most people are unaware of the hundreds of potential poisons lurking in their homes. They tend to think that the only products which could harm them or their children are those which are specifically labeled "Poison." This misconception must be corrected. It is the *misuse of any household product or medication which makes it a potential poison.*

Incorrect use, storage, and disposal of household products and medications by adults and older children provide young children easy access to these products. If children swallow any number of common household products or medications, inhale their fumes, or get them on their skin, they may be endangered.

THE SUSCEPTIBILITY OF THE YOUNG CHILD

Children under five are by nature curious and like to explore. They will put anything into their mouths. Colorful containers, pills, and capsules are appealing to small children who tend to equate them with foods. In addition, children often imitate the behavior of their parents and older siblings. If, for example, they see a parent frequently taking aspirin in their presence, they may attempt to take some themselves.

Some parents refer to medications as "candy" in order to get children to take them. This encourages the children to seek out medications. Children must be taught that medications have a very specific purpose and should not be considered candy.

Frequently, poisonings occur because adults simply do not recognize the capabilities of small children. There are three basic stages of development in young children from six months to five years of age in which natural tendencies to explore and experiment create situations which lead to accidental poisonings.

---

[1]*U.S. Consumer Product Safety Commission Product Profiles,* October 1976.
[2]*Accident Facts,* 1977 Edition. National Safety Council, Chicago, Illionis.

These three stages are:

- The Crawler, age six months to one year: Everything goes into his mouth. His world is the floor and storage areas near the floor. Products he is most likely to find are household cleaners.
- The Toddler, age one to three years: He has the highest poisoning accident rate of any age group. His world includes the closet, tops of tables, stoves and counters. Many cleaning products, medications, and cosmetics are often found in these places.
- The Climber, age three to five years: It is at this stage of development that the child most often surprises his parents with his capabilities. Intrigued by high storage areas he has never been able to reach, he can be most ingenious in creating ways to reach them.

THE MOST POTENTIALLY DANGEROUS CIRCUMSTANCES

Children most often get into potentially dangerous products when they are being ignored or not closely watched. The parents (or babysitter) may be preoccupied with a task, a visitor, or a personal problem. Thus, a situation is created whereby children are free to explore and experiment unnoticed.

The most common circumstances which require particular attention by the parent or the sitter for the child's safety are:

a. when dinner is being cooked
b. when a parent is ill
c. when the family is moving
d. when there is family tension
e. when there is a guest in the home
f. when the family is on a trip

In addition to situational factors, the child himself has internal factors which make him more prone to accidental poisoning such as when he is hungry or tired.

COMMON POTENTIAL POISONS

Many potential poisons in the home are from one of four categories: ammonia products, aspirin substitutes, over-the-counter antihistamines, and petroleum distillate products. Products from these four groups are particularly hazardous because ingesting their ingredients can cause severe discomfort, internal damage, illness, or death. On page 10 you will find a "mini-dictionary" of these four groups of products designed to help you:

- identify those which are most frequently involved in accidental poisonings.
- recognize these products.
- learn the specific hazards related to each.

CHILD-RESISTANT PACKAGING

Many household products and medications in particular are now available in child-resistant packaging. This type of packaging consists primarily of specially designed caps that most young children cannot open, but that can be opened by adults by following simple directions. Other child-resistant packaging includes hard-to-tear strip packaging for pills and specially operated propellant sprays. Child-resistant packaging is one of the foremost factors in the drastic reduction of poisoning accidents in recent years.

CRAWLER

TODDLER

CLIMBER

MINI-DICTIONARY OF COMMON POTENTIAL POISONS

AMMONIA PRODUCTS: Straight household ammonia, as well as other cleaning products which contain ammonia.

Poisonings most frequently occur through accidental ingestion or by inhalation of highly irritating chloramine gas from mixing ammonia and chlorine products.

Common ammonia products include:

- straight household ammonia
- carpet & upholstery cleaner
- window cleaner
- liquid floor wax
- self-polishing floor wax
- wall and floor cleaner

ASPIRIN SUBSTITUTES: Pain relieving, fever-lowering, and anti-inflammatory drugs which contain no aspirin.

Poisonings most frequently occur because of accidental ingestion.

Aspirin substitutes are found as:

- tablets
- capsules
- chewable tablets
- liquids
- syrups
- elixirs
- drops

OVER-THE-COUNTER ANTIHISTAMINES: Non-prescription drugs for treatment of cold, allergy, and hay fever symptoms.

Poisonings most frequently occur because of accidental ingestion.

Over-the-counter antihistamines include:

- cough syrups
- expectorants
- motion sickness pills
- allergy tablets
- decongestant tablets
- sleeping tablets
- decongestant sprays
- cold tablets
- cold capsules

PETROLEUM DISTILLATE PRODUCTS: Household and automotive products containing large amounts of petroleum distillates.

Poisonings most frequently involve chemical burns or pneumonia from accidental ingestion and damage from eye contact.

Common petroleum distillate products are:

- solvent cleaner
- floor wax
- spot remover
- metal cleaner & polish
- shoe polish
- furniture polish (emulsion)
- lock lubricant
- lubricating oil
- drain cleaner (garbage disposal type)
- air freshener
- car cleaner & polish
- chrome polish
- transmission fluid & sealer
- wall polish
- degreaser
- household cleaner
- window & furniture cleaner
- dusting aids
- laundry presoak
- tar remover

POISON CONTROL CENTERS

There are approximately 600 poison control centers across the United States. Their purpose is both to give information regarding household products people have questions about, and, even more important, to give instructions for treatment when someone calls in about a poisoning. The telephone number of the nearest poison control center may be found by calling directory assistance. That telephone number, as well as that of the local rescue squad, hospital, and physician, should be kept posted on or near the telephone in case of an emergency. In addition, it is helpful to keep a list of basic emergency measures in a visible place. Telephone stickers with emergency telephone numbers as well as emergency information cards may be available free of charge from your nearest poison control center or are available by writing the U.S. Consumer Product Safety Commission, Washington, D.C., 20207.

IN CASE OF POISONING

There are some very basic steps to keep in mind should an accidental poisoning occur. In any event, **stay calm.**

1. Call your local poison control center, rescue squad, or physician immediately.
2. State the age of the poisoning victim.
3. Identify the product and the ingredients from the label. Keep the product for the doctor or hospital.
4. Estimate how much of the product was taken.
5. Estimate when the accident occurred.
6. Describe any unusual or abnormal behavior or symptoms.
7. Save any vomitus.

The poison control center or physician will give instructions.

Other points to remember:

- If a poison is inhaled:
  Move the victim into fresh air as quickly as possible.
- If a poison gets on skin:
  Remove contaminated clothing and wash the area immediately with soap and water.
- If a poison has splashed into the eyes:
  Immediately flood the eyes with cool water from a container held above the eyes. Continue flooding for 15 minutes.

In these circumstances, take immediate action and have someone else call the poison control center, rescue squad, or hospital if possible.

SYRUP OF IPECAC

The most important item to have in every home in case of accidental poisoning is syrup of ipecac, a liquid which helps to induce vomiting. Syrup of ipecac is inexpensive, is a valuable time-saver, and can be bought in a drugstore without a prescription. It should be used only upon the recommendation of a poison control center or physician. While vomiting is not normally considered a first aid measure when petroleum distillates have been swallowed, this procedure may be recommended by the poison control center or physician.

Chapter 3
Identifying Group Concerns and Needs

It is often difficult, and yet most important, to assess the concerns and needs of a group, and what role you should play as its leader. As a popular cartoon character once said: "How am I supposed to know what I don't know, when I don't even know what I know?"

Your first task in insuring the success of the session is to lay the groundwork for making the presentation. It is important to set the right tone and introduce the idea of poison prevention so that the audience will be receptive to it. This is accomplished in your opening comments which are outlined in the next chapter.

Knowing your audience is important. To do this you must assess the type of audience you will face and why they have come. An audience required to attend, participants with no children in their homes, or others who would

feel offended at any intimation that their homes have potential poisons in them will not be receptive to your topic.

Important points for you to consider in establishing the purpose of the presentation are as follows:

- Because the products you are concerned with are regularly used, helpful household products or medications, most people, including yourself, are never even aware that they could be potentially poisonous.
- Even in homes where every possible precaution against poisoning has been taken, the possibility of accidents still remains. Adults often underestimate the capabilities of small children in getting at something that interests them.
- Elderly couples with no children at home, or parents with older children, may be visited by grandchildren or neighbors' children. In addition, accidental poisonings occur when visitors in homes with small children carry medications in their pocketbooks or suitcases.

HOW TO ASSESS NEEDS

If the group knows the nature of your presentation ahead of time and is coming because it has an interest in poison prevention, your planning may be easier. However, it is still valuable to focus your comments and choice of activities on the type of audience you will be facing. For example:

- What is the purpose of the meeting (club function, after dinner speech, concerned parents, etc.)?
- What kind of people make up the group (concerned parents, young couples about to become parents, older parents with grown children who may be visited by grandchildren, etc.)?
- Has the group had a previous presentation on poison prevention?
- What is the average age of the group members?

Another set of considerations is the limitations imposed on the presentation by the available facilities. Important questions for consideration are:

- How much time do you have for the presentation?
- Is there a chalkboard and audio-visual equipment available?
- How large a group will attend the presentation?
- Will the room available be adequate for the planned activities (i.e., small group discussions, circular arrangement of chairs, tables for working space)?

Reproduce and distribute the handouts which accompany this guide. They help to focus attention and provide useful reminders for participants to take away with them.

The more information you can gather before the presentation about the participants and the facilities, the better prepared you will be to be to adapt your remarks and planned activities to the interests and needs of the participants.

Chapter 4

Suggested Opening Comments

Opening comments are critical for establishing rapport with a group. In addition, the group probably needs a basic, general background of potential poisons and poison prevention.

Opening comments serve another very important purpose. If you have adequately identified the needs and interests of your group and the general attitude of group participants toward the subject of the presentation, as outlined in Chapter 3, then you should be able to determine what approach is appropriate in introducing poison prevention to them. If the members of the group are eager and receptive, then your approach should be informal and straightforward. If group members are unconcerned or do not understand the need for discussing such a topic, then your comments must be persuasive and eye-opening. Let your own concern about child poisonings come across to the group.

Be sure to inform your audience before you begin that your presentation will address hazards and preventive measures related specifically to ammonia products, over-the-counter antihistamines, aspirin substitutes, and petroleum distillates (see Introduction). Doing so should prevent questions about other common potential household poisons such as plants and aspirin.

Most accidental poisonings occur because people aren't aware that they should seek information. A group discussion like this one can be a remedy for this lack of awareness. Following is one suggested text of opening comments. You may adapt it according to the criteria specified above.

A three-year-old boy found a bottle on the table next to his parents' bed. He opened it and swallowed its contents—15 cold tablets. An hour and a half later he became drowsy and wobbly on his feet, and shortly fell asleep—symptoms of poisoning by over-the-counter antihistamines. He was rushed to the hospital.

The mother of a four-year-old girl stopped waxing the floor momentarily to speak on the telephone in the next room. The girl swallowed three or four mouthfuls from the open container of floor wax. Immediately she gasped, coughed, and turned blue. These symptoms cleared within two to three minutes but within thirty minutes she became drowsy and her breathing became more rapid. She was admitted to a local hospital with a diagnosis of hydrocarbon overdose.

These two factual accounts of accidental poisonings sum up the most fundamental fact about "potential poisons": improper use, storage, or disposal of *any* household product or medication makes it a potential poison for young children.

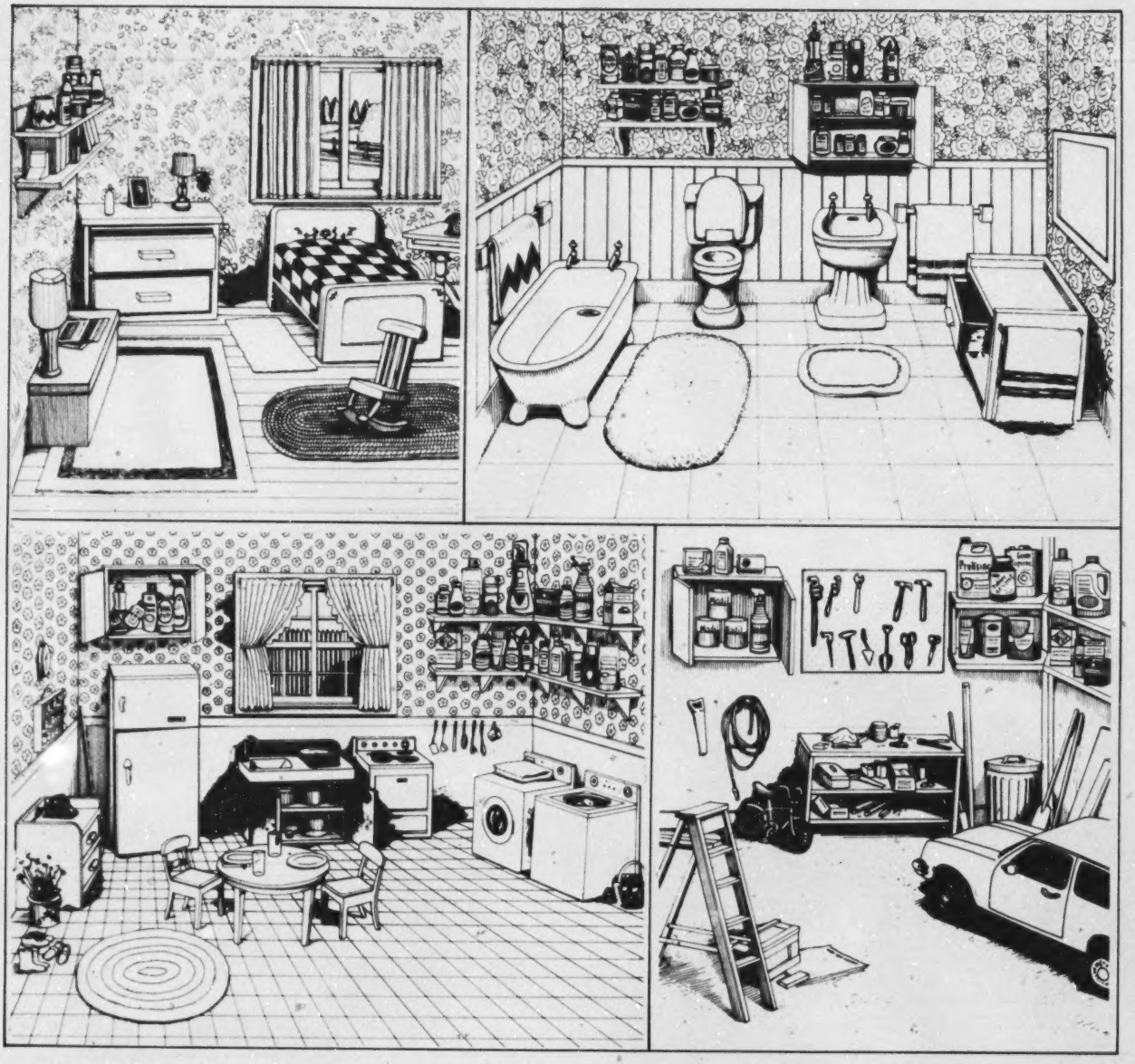
On the contrary, many common and helpful household products and medications which you use every day can be poisonous if misused.

Among these are many floor cleaners, waxes, window cleaners, metal polishes, detergents, and drain cleaners found in the kitchen; non-prescription medications and cleaning agents found in the bathroom; and paints, solvents, fertilizers, and fuels found in many garages and basements.

Many of these products fall under one of the following categories: ammonia products, aspirin substitutes, over-the-counter antihistamines, and petroleum distillate products. Swallowing any of these products, spilling some of them on the skin, or inhaling certain fumes can cause serious internal and external damage, illness, and sometimes death. Although these products are primarily used by adults, it is children under five who are most frequently and inadvertently poisoned by them. Consider some of the following statistics concerning accidental ingestion and hospitalization of these products in recent years:[1]

- An estimated 24,000 children under five accidentally ingest over-the-counter antihistamines yearly. Approximately 860 of these children are hospitalized.
- Approximately 2600 ingestions of ammonia products and 870 cases of chloramine gas inhalation occur to young children yearly. Close to 200 of these result in hospitalization.
- An estimated 5400 ingestions and 200 hospitalizations of children under five occur yearly involving aspirin substitutes.
- Eighty-three hundred children under five are estimated to ingest petroleum distillate products annually. Close to 500 of these result in hospitalization.

[1]As reported in U.S. *Consumer Product Safety Commission Product Profiles,* October 1976. Statistics obtained from National Clearinghouse for Poison Control Centers.



Why are children under five years of age so prone to accidental poisonings? A major consideration is the rapid growth and development of young children. Adults frequently underestimate the ability of small children to move around and explore. Crawling children, from six months to one year of age, explore by putting things into their mouths. Most cleaning products are generally stored in kitchen cabinets near the floor on which they crawl. How many of the following products do you store in your kitchen cabinets?

ammonia	wall and floor cleaners
drain cleaners	window cleaners
spot removers	carpet and upholstery cleaners
floor waxes	metal cleaners and polishes
	dusting aids

These products are common child-poisoners.

Most children between the ages of one to three years are considered toddlers. Anything at or slightly above eye-level is prime target for these youngsters.

Children between the ages of three to five begin to climb. They turn to counter tops, tables and cabinets for adventure. Consider the medications and cleaning products stored in your bathroom cabinets. For example:

aspirin	cold capsules and liquids
cough syrup	disinfectant sprays
decongestant tablets	toilet bowl cleaners
aspirin substitutes	tile cleaners
allergy pills	

These are common bathroom products which children find intriguing. Consider the appeal of colorful pills and capsules to a small child.

The garage is a dangerous place for both toddlers and climbers. Most automobile and maintenance products are stored there, and many of these contain petroleum distillates. Do you have these products stored in your garage?

antifreeze	transmission fluid
charcoal lighter fluid	lubricating oil
paint thinner and remover	cleaning fluid
car cleaner	kerosene

As you can see, these common child-poisoners are ordinary, regularly-used household products and medications. Yet one careless slip in the use, storage, or disposal of these products is all it takes to create a potentially hazardous situation.

For example, one common situation occurs when a child is left unattended for a minute in a room where a potentially poisonous product is being used. That one minute is all it takes a small child to swallow or spill the product in use.

Many poisonings occur when the child is momentarily ignored such as when there is a guest in the house, emotional tension between parents, or the parent is on the telephone. In addition, a hungry or tired child is likely to reach for anything available to put in its mouth.

Poison prevention is a simple but ongoing process. In addition to taking precautions when using and disposing of products, careful storage patterns will prevent many accidents.

The safest storage place for potential poisons is a locked cabinet.

One of the greatest contributions toward the prevention of accidental child-poisonings is child-resistant packaging. Many products are now marketed with special caps or other packaging designed to be difficult or impossible for small children to open but able to be opened by adults following specific instructions.

The group activities we will be doing shortly will help us learn more about what we can do to prevent accidental poisonings in our homes and how to handle a poisoning emergency in the event one does happen.

As this presentation progresses, begin to think about your general behavior regarding the use of household products and medications in your home. Think about how you would answer the following questions:

- Do you read labels for instructions before using household products and medications?
- Do you ever transfer the contents of one container into a container other than the original?
- Do you store your household products and foods in the same cabinets?
- How accessible are your household products and medications to children?

Chapter 5
Activities for Audience Participation

Activities provide for true learning situations through simulated experience. The following activities have been designed with the three major objectives of the presentation in mind. They will expand each participant's awareness of potential poisons; teach how to identify them and recognize under what circumstances most accidental poisonings occur; and, most important, the participants will learn through experience and observation how to modify their behavior toward poison prevention, and how to cope with a poisoning emergency. Each participant is to begin thinking about poison prevention as it relates to him or her personally.

You will find full instructions to be able to implement these activities with no outside help. You might choose to use the activities found here as a base to develop your own activities, or, in certain circumstances, to have the members of your audience create an activity.

Activities containing written exercises may be conducted orally if you prefer.

Selection of activities depends upon the time needed for completion and the nature of the activity. The activities provided here are designed to be completed within the time limit of a presentation. The approximate time necessary for each activity has been provided. These times are flexible, though, and each activity may be shortened or lengthened to suit the needs and constraints of your group. At the end of this chapter you will find a list of other suggested activities for long range projects extending beyond the duration of your presentation.

Mystery Containers

Below is a simple, interest-stimulating exercise which can serve as an effective opening to the activity portion of your presentation.

Material needed. About a dozen empty containers for various household products and medications including aspirin bottles, pill vials, laundry detergent containers, and other glass or plastic containers. Where a container is easily recognized by its shape, such as most aspirin bottles, remove the label. Fill some containers with non-toxic liquids such as tinted water, syrups, and beverages. Pill vials may be filled with small, pill-shaped candies. Label the original and current contents on the bottom of each container.

Procedure. Allow participants to pass containers around and to guess what they originally held or what they hold now. The object of this exercise is for participants to recognize that without a label, it is not always possible even for an adult to positively identify what is in a container; likewise, a container with a label on it may not contain what it says.

When everyone has had the opportunity to examine most of the containers, ask for volunteers to guess what the various contents are. After several participants have made their guesses, identify the correct contents (original and present.)

It is important to stress to your group that if participants cannot positively identify contents of containers which they recognize, they should consider how easy it is for a child to either mistake the contents of a container for something else, or to innocently ingest something which looks like a food/drink and could be harmful to him.

ACTIVITY ONE:	"THE TRAVELS OF TIMOTHY TRENT" (See Appendix)
OBJECTIVE:	**Participants will understand factors leading to accidental poisoning and recognize a child's interest in and pursuit of all objects and substances available to him.**
TIME:	30 minutes
MATERIALS NEEDED:	16 mm projector, screen, chalkboard
GUIDELINES FOR IMPLEMENTATION:	Rather than asking the usual "Are there any questions?" following the film, try this alternative:

Have participants write down a one word feeling they have after viewing the film. Ask them to share these feelings. As they are shared, write them down on a chalkboard and ask the person who shared it to briefly tell what it was about the film that brought out this feeling. Write this down on the chalkboard also. Do this with every person who shared a feeling. An example may look like the following:

ONE-WORD FEELING	WHAT BROUGHT OUT THIS FEELING?
sad	I felt sad for the parents
angry	I felt angry that the parents did not think ahead.
surprised	because I didn't realize how many dangerous things are in my own home

As a supplementary or alternative approach, questions to provoke a discussion of the film may include:

1. What was the tone of the movie? What elements brought about the suspense?
2. What characteristics of a child under five lead to poisonings?
3. What situations were typified by the movie which allowed the poisoning to occur? What other situations with similar factors may allow a child to find a potential poison?
4. What precautions would have eliminated each of the hazardous situations experienced in the movie?
5. What type of home situation was used as the background in the movie? What other home situations would be less hazardous? More hazardous?

Another excellent movie to consider is "250,000 Ways to Destroy a Child's Life Without Leaving Home." (See appendix).

ACTIVITY TWO:	IS THIS PRODUCT REALLY NECESSARY?
OBJECTIVE:	**Participants will think seriously about the potentially poisonous products they use in their homes, and reconsider the value of these products as opposed to their drawbacks.**
TIME:	10 to 15 minutes
MATERIALS NEEDED:	Duplicate the form directly from the following page or distribute paper and pencil.
GUIDELINES FOR IMPLEMENTATION:	Ask the participants to write down 10 or more household products or medications which they use frequently, find helpful and time-saving. When they have done this, have them go over their answers using the code below which you will read to them or have displayed on posterboard or written on a chalkboard. "Place a: + next to those items you listed that you really need. – next to those items you listed that you can do without. * next to those items you could (and should) keep under lock and key. T next to those items you could (and should) throw away."

IS THIS PRODUCT REALLY NECESSARY?

DIRECTIONS: Make a list of 10 or more helpful or time-saving household products and medications which you use frequently in your home (you may use the back of this form).

When you have finished listing the products, go back over the list and rate each item you have listed using the following ratings:

+ next to those items you listed that you really need.
− next to those items you listed that you can do without.
* next to those items you could (and should) keep under lock and key.
T next to those items you could (and should) throw away.

RATING		PRODUCT
_____	1	_____
_____	2	_____
_____	3	_____
_____	4	_____
_____	5	_____
_____	6	_____
_____	7	_____
_____	8	_____
_____	9	_____
_____	10	_____

ACTIVITY THREE: SENTENCE STUBS

OBJECTIVE: **Participants will test their awareness of potential poisons, how potential poisons are defined, where they are found, hazards associated with them, and steps to take in the event of poisoning.**

TIME: 15 to 20 minutes.

MATERIALS NEEDED: Duplicate the form "Sentence Stubs" directly from the following page.

GUIDELINES FOR IMPLEMENTATION:

Divide participants into small groups of 5 or 6. Hand out "Sentence Stubs" and have each person complete the sentences, moving through the list as quickly as possible.

When all participants have completed their lists, ask them to share their "answers" with their group—each taking a turn—starting with the first sentence.

After participants have had a chance to share within their small groups, ask if there are any individuals who would like to share some of their responses with the whole group.

As the discussion leader, you should provoke a discussion to focus on the necessary preventive behaviors these sentence stubs point out.

SENTENCE STUBS

DIRECTIONS: Complete the following partial sentences, using them to express your knowledge concerning poisons in the (your) home:

A potential poison is . . .

Potential poisons found in my kitchen are . . .

Potential poisons found in my garage are . . .

In the event of accidental poisoning I would . . .

Ammonia may be hazardous because . . .

A good thing to remember about nonprescription medications is . . .

Over-the-counter antihistamines include . . .

If I can do one thing for poison prevention I would . . .

Syrup of ipecac is used for . . .

Potential poisons found in the bedroom are . . .

Potential poisons found in the bathroom are . . .

Potential poisons found in the dining room or living room are . . .

Some household products that contain petroleum distillates are . . .

My house is poison-safe because . . .

Look over your responses above. Do you see any that you would like to change?

Have you learned anything about yourself after looking over your answers above?

Do you feel you have a lot to learn about poison prevention?

Take this opportunity to discuss points you wish to have clarified, either among group members or with your discussion leader.

ACTIVITY FOUR: FROM POISONS ALL AROUND TO NO POISONS

OBJECTIVE: **Participants will recognize their attitudes toward and behavior regarding poisons and poison prevention as these were prior to participation in this presentation and will begin altering these attitudes and behaviors as a result of the presentation.**

TIME: 10 to 15 minutes

MATERIALS NEEDED: Chalkboard or large sheet of paper and magic marker.

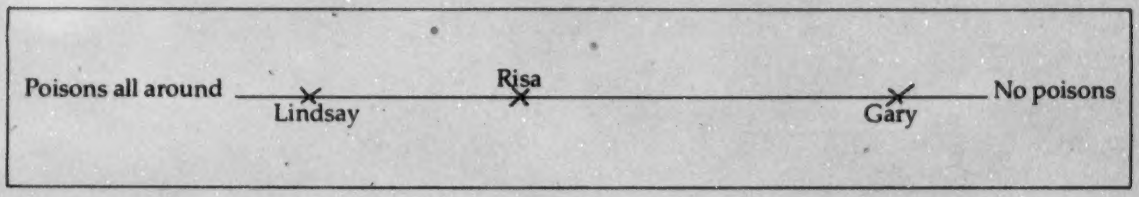
GUIDELINES FOR IMPLEMENTATION:

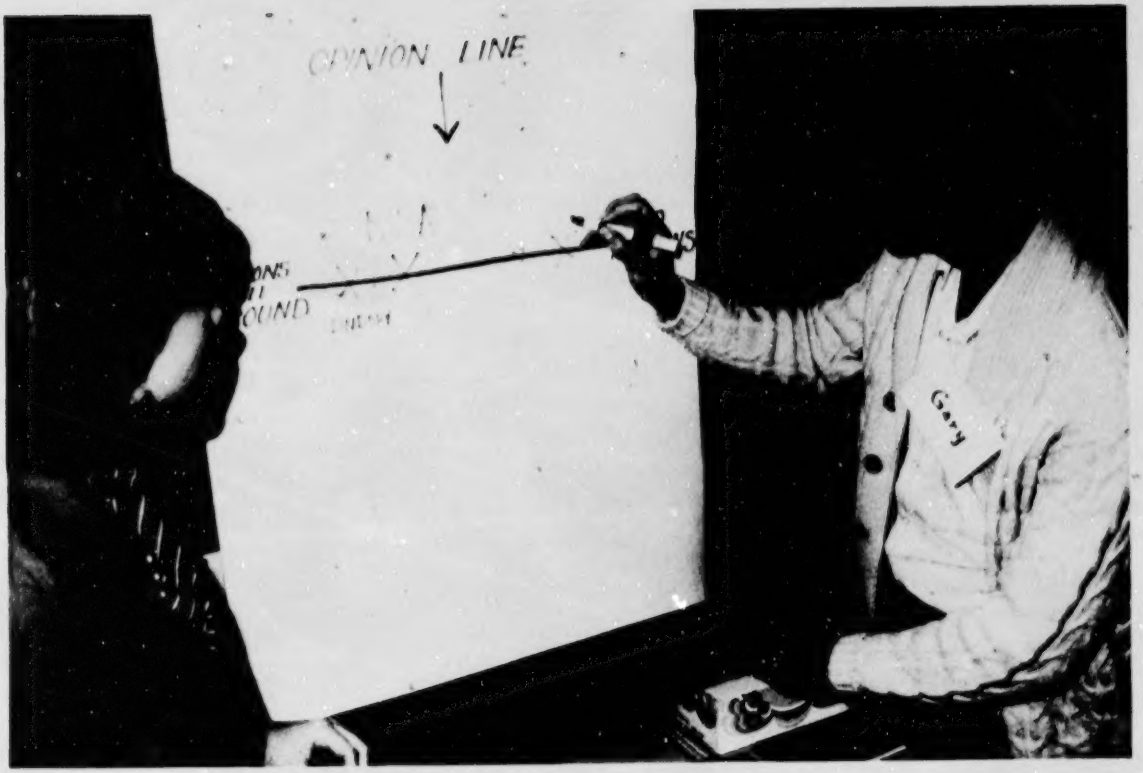
Mark off a line representing a spread of behavior. This line may be drawn on a chalkboard or piece of paper on the wall, or may be designated as being between two people stationed at opposite ends of the room. One end of the line represents one extreme behavior—in this case, "Poisons all around," describing the person whose home has many potentially poisonous products scattered in unsafe places for young children. The other end of the line represents the opposite extreme—in this case, "No poisons," describing a completely safe home.

At a designated time, members should write their names on the blackboard or position themselves along the line at the point that they feel best represents their behavior regarding poison prevention. Remind the group that no judgment is being passed on where individuals place themselves.

Ask participants to think about why they placed themselves where they did. Anyone who wishes to volunteer comments should be encouraged. Lead the group to discuss how they might modify their behavior (i.e., poison-proof their home and keep it poison-proof).

This is how one poison behavior line looked in a workshop:




OPINION LINE

ACTIVITY FIVE:	A BEHAVIOR I WOULD LIKE TO CHANGE
OBJECTIVE:	**Participants will identify some behavior or characteristic that they would like to change related to their use of potentially poisonous products in their homes.**
TIME:	15 minutes
MATERIALS NEEDED:	Duplicate "A Behavior I Would Like to Change" directly from the following page.
GUIDELINES FOR IMPLEMENTATION:	Have participants take a few moments to think of two behaviors they would like to change related to their use of potential poisons in their home or neighborhood. Hand out copies of the behavior change form on the following page for them to use. In Section A, have them write in a behavior of their own that they feel is unhealthy in terms of using potential poisons—such as leaving medications out where children can get into them and be accidentally poisoned. In Section B, have them write out specifically how they can change that behavior to prevent accidental poisoning—or to help others prevent accidental poisoning. Ask group members to share their responses in small groups or with the entire group.

A BEHAVIOR I WOULD LIKE TO CHANGE

DIRECTIONS: In Section A, identify a behavior of yours relating to the use of potential poisons that you would like to change (e.g., leaving medications out so that small children may be able to get into them.) Describe how your present behavior could result in an accidental poisoning.

In Section B, write out specifically what you would have to do to change that behavior. Push yourself to be very specific about what the behavior would be.

BEHAVIOR 1

Section A

Section B

BEHAVIOR 2

Section A

Section B

ACTIVITY SIX:	POISON PREVENTION
OBJECTIVE:	**Participants will develop home poison prevention plans and learn what to do in case of an accidental poisoning.**
TIME:	20 to 30 minutes
MATERIALS NEEDED:	Paper, pencil, chalkboard, "Making My Home Safe," (pp. 41-44).
GUIDELINES FOR IMPLEMENTATION:	Pass out pencils and paper, and ask each person to select a room in his/her home—either the kitchen, bedroom, bathroom, garage, or basement. Each person should take several minutes to develop a list of potentially poisonous products that are generally stored in that room, and specifically where they would be located. For example: Kitchen—drain cleaner, under the sink.

When participants have completed their lists, they should write down as many ways they can think of to correct any potentially hazardous situation in the room that might occur because of how and where the products are stored.

When all have finished, or when time is running short, ask them to volunteer poison-preventive steps, and compile a single list on the board. A list may be compiled for each room to reinforce the idea that dangers may exist in any room of a home.

Distribute duplicates of "Making My Home Safe" and, as a group, check the group's list of poison-preventive steps against the handout. Review "First Aid for Poisoning" (p. 46).

ACTIVITY SEVEN:	ROLE-PLAYING POISON-PREVENTIVE BEHAVIORS
OBJECTIVE:	**Participants will role-play correct poison-preventive behaviors and thereby learn the behaviors.**
TIME:	20-30 minutes
MATERIALS NEEDED:	None (or possibly some furniture for props)
GUIDELINES FOR IMPLEMENTATION:	Role-playing is probably the best way for group members to understand the circumstances of accidental poisoning and to learn appropriate preventive behavior. Hopefully, most of the participants in your group will have never experienced an accidental poisoning. Because of this, however, they must be taught (a) correct preventive behavior which needs to implemented daily, and (b) what to do in case an accident does occur. Make your group understand that in this type of role-playing, no acting ability is necessary at all. Either you or members of your group will present a participant or group of participants with a situation which could or could not be potentially hazardous depending on the behavior the role-player decides to demonstrate or verbalize. Following is an example of a situation for role-playing as you would read it to a participant. SITUATION: "You are washing your floors with a solution of ammonia and detergent. Your two-year-old child is playing in the corner of the room. The doorbell rings. What will you do?" ROLE-PLAYING: The participant has several alternatives. He or she may choose to answer the door, leaving the child with the potentially hazardous solution in the room. Or, the participant may pick up the child (remember, this is just acting, no child or doll is necessary) and take it with him/her to the door. When the role-playing has been completed, the participant must explain to the group why he/she did what he/she did. Other members of the group may then comment on the behavior demonstrated. It is important to make the group understand that this is not an exercise in "right" or "wrong," but rather for the role-player and the group as a whole to learn to understand why poisonings occur and how to best prevent them. Other situations, as you would read them to a participant, follow this paragraph. You are encouraged to create your own situations. The age level and type of audience may suggest appropriate situations. For example, if the audience has a lot of grandparents it would be more appropriate to create situations related to the visit of grandchildren.

SITUATIONS FOR ROLE-PLAYING

1. "You are in the process of clearing out your cabinets to give yourself some more room. There is less than a cup of bleach in the gallon jug under your sink. You have saved a number of baby food jars to store 'leftovers' in. What will you do?"

2. "Your neighbor has dropped by to visit for a while. You plan on sitting in the living room and having coffee. Meanwhile, your 16-month-old child has been crawling around on the kitchen floor. What will you do?"

3. "Your four-year-old daughter has been prescribed a cherry flavored cough syrup which she refuses to take. It seems the only alternative is to tell her that the liquid tastes like candy. What will you do?"

4. "You have just gotten over a cold and have four cold tablets left over. What will you do with them?"

5. "Due to an overload of groceries you just bought, it appears that the only place to store the bottled goods are on a vacant shelf near where you store your household cleaners. What will you do?"

6. "You awake at 3 in the morning with a terrible cough and go to the bathroom for the cough syrup you know was stored in the lower right hand corner of the medicine chest. You are still half asleep and don't want to wake up more by turning on the light. What will you do?"

7. "You have broken out in a rash which appears to be identical to one you had two years ago, and have found some pills that were prescribed then. They expired six months ago. What will you do?"

8. "Your younger child has just come down with what seems to be the same illness that your older child has just recovered from. There is half a prescription left. What will you do?"

9. "You are clearing your medicine chest of old medications. How will you go about discarding containers that still have some medication in them?"

10. "You are working in the kitchen and want to take some aspirin you have stored there for a headache. Your three-year-old son and his friends are watching you. You know they are at the age where they constantly imitate things they see other people doing. What will you do?"

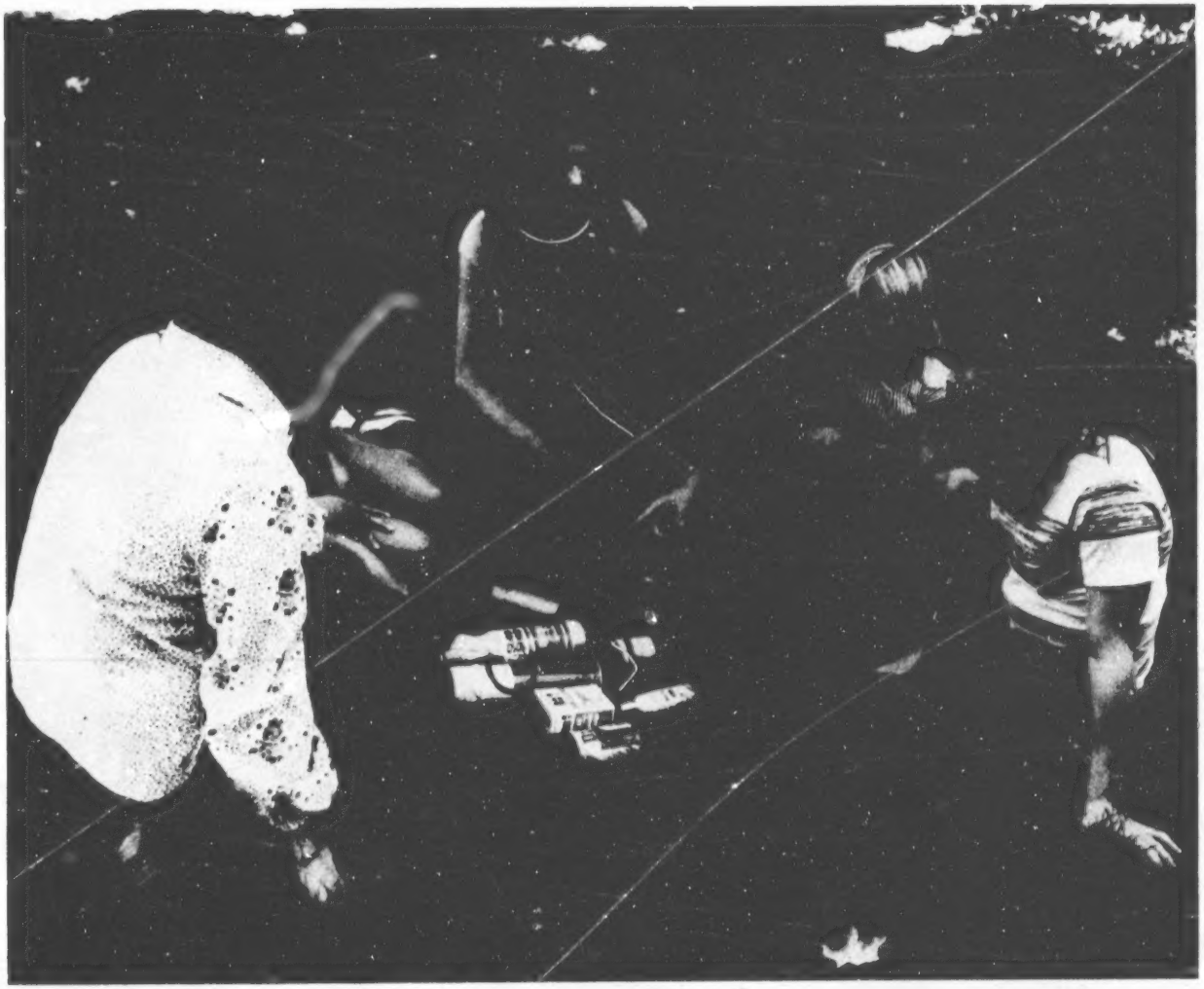
There are any number of other situations available for this activity. You may want to invite the audience to make suggestions.

Other Suggested Activities

You may be making a presentation to a group that would be interested in a long-term poison prevention project. Several suggestions for such a project are offered below. Any long-term project will require detailed planning. You may wish to head the project or take an active role in it. However, whether you take an active role or not, it will be necessary to have a volunteer committee formed from the group and at least have them decide some basic actions they can take to get started on the project. A first step is to have the committee set a date for an initial planning meeting.

Suggested Long-Term Activities

1. *Planning a comprehensive poison prevention program in the community.* A planning committee may select a chairperson and assign duties to each committee member to bring about a community program. The program may include speakers, films, tabletop displays, or group activities.
2. *Develop a community poison control center.* Visit an operating poison control center, collect literature, specific information on poisons, and set up a telephone information line for questions on poisons or potentially poisonous products.
3. *Develop speakers' bureau for community groups.* Invite a series of speakers from hospitals, poison control centers, and parents of children who have experienced accidental poisonings.
4. *Sponsor a film-making contest for children.* Develop a theme related to poison prevention, and encourage individuals and groups to make films or slide presentations on the theme. Home movie-making equipment and cameras can be used. In addition, many schools have videotape equipment and tape recorders available for projects such as these.
5. *Sponsor a poison prevention badge for girl and boy scouts.* Design criteria for achieving this badge, and implement the program in local girl and boy scout troops. Troops may consolidate to sponsor a poison prevention fair in a community center or at a local shopping center.



41

Chapter 6

Group and Presenter Summations

Key points must always be summed up clearly both by the group and by the group leader after every presentation. This is important so that each participant can put into proper perspective all the information covered during the presentation, and bring up any final points or questions he or she may still have. The leader's input provides reinforcement of all major points, and ties them into a final message to send home with each participant.

The group summation may take place within the group as a whole or within smaller groups of five or six people. Points to be discussed should include:

1. What specific things did participants learn in this presentation?
2. What are they going to do now about poison prevention as a result of what they learned?
3. Have they had a change of attitude or interest towards poison prevention because of the presentation? What brought about the change?

If there is enough time, the participants may first meet in small groups and then as one large group. A recorder should be selected in each small group to jot down the group's conclusions and any points they want clarified. The recorders can then present these points to the group as a whole and a few minutes may be allotted for final discussion and clarification.

Reviewing Poison Prevention Goals

You, as the group leader, should also summarize behaviors that participants should be demonstrating at home. Refer to activity objectives or content background for assistance. Stress that each participant should:

- Examine his/her home for potential hazards and correct them.
- Plan continuing preventive activities for the home.
- Carefully determine his/her individual roles in the home poison prevention plan.
- Place the telephone number of his/her local poison control center, rescue squad, hospital, or physician in a conspicuous place for easy access.
- Keep a bottle of syrup of ipecac on hand in case of an emergency.
- Look for activities in the community which stress poison prevention.

Chapter 7

Presentation Evaluations

If you plan on conducting future presentations on poison prevention it will be helpful to have feedback from your audience at the conclusion of this presentation. Two forms ready for duplicating have been provided for this purpose. Use whichever form best suits your needs.

Take the comments and suggestions your audience gives you into consideration when planning your next presentation.

Duplicate and detach form on dotted line.

Presentation Evaluation Form 1

This questionnaire has been designed to allow you to express your opinion about the quality of leadership and activities in this presentation. The information from this form will help your group leader plan his or her next presentation on poison prevention.

DISCUSSION LEADER EVALUATION:

Please circle your response to each of the questions.	CIRCLE ONE	
Your discussion leader:		
1. allowed the group choices in direction of activities.	Yes	No
2. established and maintained enthusiasm for the discussion topic.	Yes	No
3. made topic relevant to participants.	Yes	No
4. encouraged group input and participation.	Yes	No
5. was well organized.	Yes	No
6. overall was very effective.	Yes	No

EVALUATION OF WHAT I LEARNED:	CIRCLE ONE	
1. This presentation increased my awareness of potential poisons in my home.	Yes	No
2. The activities were very helpful in learning about poison prevention.	Yes	No
3. I feel that I will use the information I have learned here.	Yes	No
4. I would recommend this presentation to friends if available in the future.	Yes	No

ADDITIONAL COMMENTS: _____

_____

_____

Presentation Evaluation Form 2

This questionnaire has been designed to allow you to express your opinion about the quality of leadership and activities in this presentation. The information from this form will help your group leader plan his or her next presentation on poison prevention.

1. How satisfied were you with this presentation? (circle one):
   Very dissatisfied 1 2 3 4 5 Very satisfied

2. What was the most important part of this presentation for you? Why?

   _____

   _____

   _____

3. What activity did you get the most out of? Why? _____

   _____

   _____

4. What issues, concerns, or questions would you like to see raised in other group discussions if you were participating? _____

   _____

   _____

5. What, if anything, should be done to improve this presentation? _____

   _____

   _____

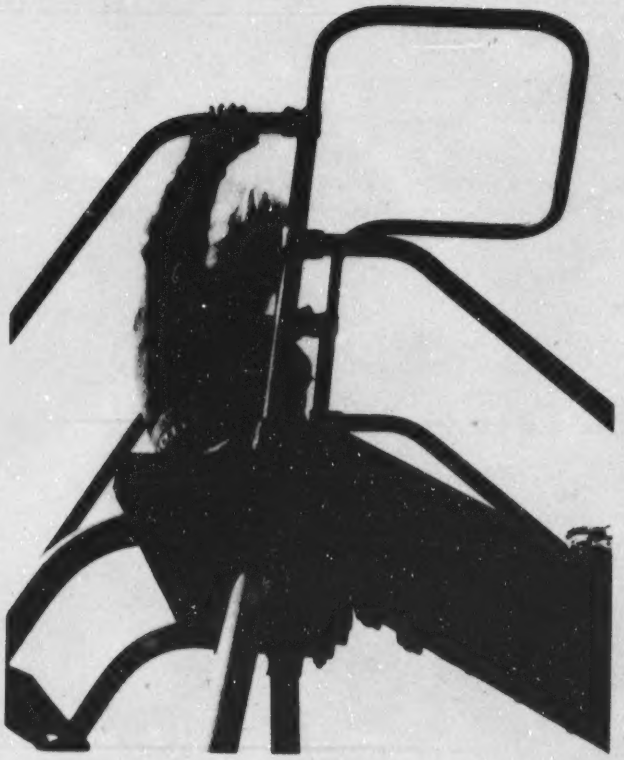
6. Other comments: _____

   _____

   _____

Appendix

Materials on Poison and Poison Prevention



Materials on Poison Prevention:
Brochures, Flyers, and Pamphlets

Poisoning Prevention Tip Sheet. A listing of some common household substances which may be poisonous. American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Ill. 60204.

Danger Lurks. Contains information on what to do in case of accidental poisoning. American Medical Association, 535 N. Dearborn Street, Chicago, Ill. 60610.

First Aid in the Home. Wall chart with first aid measures, plus tips for safe storage and use of medicines in the home. Council on Family Health, Dept. P., 633 Third Avenue, New York, N.Y. 10017.

Poison Prevention Program Kit (599.73). Basic materials for a complete community-wide poison prevention program. Includes publicity materials, group project ideas, data sheets, reprints, posters, leaflets, etc. 1-9, $1.74 each; 10-99, $1.62 each. National Safety Council, 444 N. Michigan Avenue, Chicago, Illinois 60611.

Poison Isn't Kid Stuff. Suggestions on where dangerous household products should be kept and when a poisoning is suspected, medical advice should be obtained. American Association of Poison Control Centers, c/o Academy of Medicine of Cleveland, 10525 Carnegie Avenue, Cleveland, Ohio 44106.

Home Safe Home. Tips for parents on how to protect young children in the home environment. The Soap and Detergent Association, 475 Park Avenue, at 32nd Street, New York, N.Y. 10016.

Tips on Child Safety. A pediatrician tells how to prevent accidental poisoning and other accidents. Produced by Closure Committee, Glass Packaging Institute. Limited quantities free. Send self-addressed, stamped envelope to Closure Committee, Department CP, 300 E. 44th Street, New York, N.Y. 10017.

We Want You to Know About Preventing Childhood Poisonings. Three-fold leaflet, 3½" x 8¼" explaining some of the hazards of accidental poisonings and ways to prevent such accidents. Tells how to get help if a child is poisoned. Available in either English or Spanish. Limited quantities available from U.S. Food and Drug Administration, 5401 Westbard Avenue, Bethesda, Maryland 20207, Attn: NCPCC.

When Times Get Hot. 3½" x 7", 4 page flyer. Lists the stressful times when accidental poisonings may occur and urges parents to be more alert in those situations. Single copy free. Local reproduction authorized. American Association of Poison Control Centers, c/o Academy of Medicine of Cleveland, 10525 Carnegie Avenue, Cleveland, Ohio 44106.

Poison Prevention Packet. Folder containing informational and educational materials on poison prevention. Single copy free. U.S. Consumer Product Safety Commission, 5401 Westbard Avenue, Bethesda, Maryland 20207; Attn: OC.

Take a Tip from Safety Sadie: Poison-Proof Your Home. A 12-page, illustrated 5¾" x 9" pamphlet in two colors featuring Safety Sadie, the Consumer Product Safety Commission spokesperson, in a discussion on ways to prevent poisoning tragedies. Stock No. 052-011-00149-9. Single copies: 90 Cents. Specify above stock number to Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Syrup of Ipecac. 5" x 8" color illustrated flyer urging parents to keep syrup of ipecac in the home so it is readily available if a physician recommends it be used. Single copy free. Local reproduction authorized. American Association of Poison Control Centers, c/o Academy of Medicine of Cleveland, 10525 Carnegie Avenue, Cleveland, Ohio 44106.

STOP and Read the Label Before Using Any Pesticide. An 18" x 22" wall poster for wall display. Red STOP sign draws attention to need for reading label directions before using any pesticide. Free. Safety Division, National Agricultural Chemicals Association, 1155 15th Street, N.W., Washington, D.C. 20005.

Home Checklist. 8½" x 11" flyer which helps to locate trouble spots in the home as they relate to accidental poisonings. Single copy free. Local reproduction authorized. American Association of Poison Control Centers, c/o Academy of Medicine of Cleveland, 10525 Carnegie Ave., Cleveland, Ohio 44106.

Films and Slides

The Travels of Timothy Trent. Ten-minute, 16mm, color, sound film. Tells parents and others responsible for the care of young children how safety packaging protects from accidental poisoning. Free discussion materials also available with this film. Available on free loan. Produced by U.S. Consumer Product Safety Commission. Available from Modern Talking Pictures, 2323 New Hyde Park Road, New Hyde Park, N.Y. 11040. Telephone (516) 437-6300.

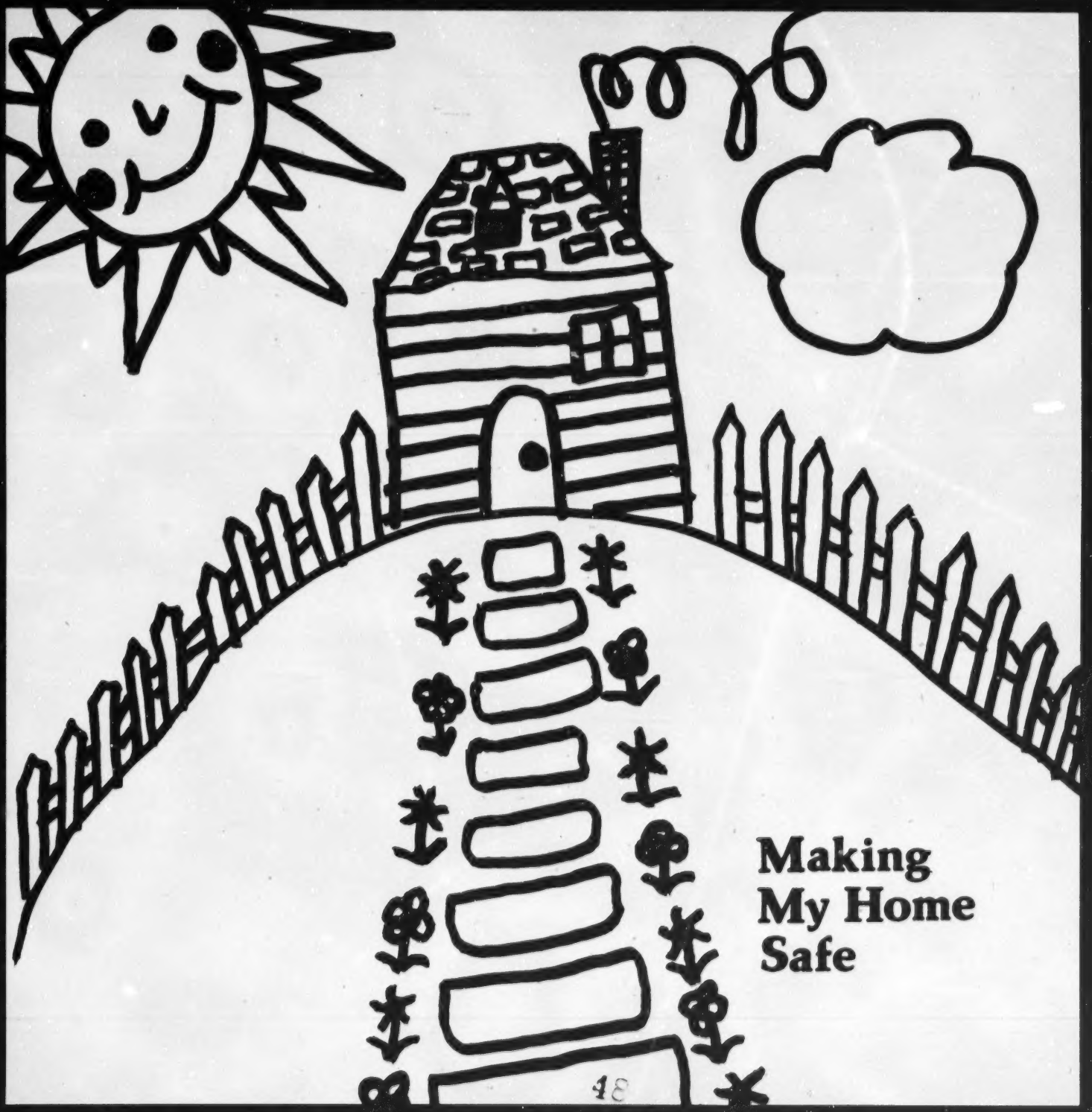
250,000 Ways to Destroy a Child's Life Without Leaving Home. 15-minute, color, 1975. A highly informative presentation which, by emphasizing the vast number of poisoning hazards that are present in the average home, shows the perils to watch out for at each stage of a child's development. An enlightening film for all audiences, stressing that the best antidote for poisons is prevention. From Mar/Chuck Film Industries, Inc., P.O. Box 61, Mt. Prospect, Ill. 60056. (May be available from some local or college libraries.)

Information on Poison Control Centers

Directory of Poison Control Centers. U.S. Public Health Service publication, from U.S. Public Health Service, U.S. Government Printing Office, Washington, D.C. 20402.

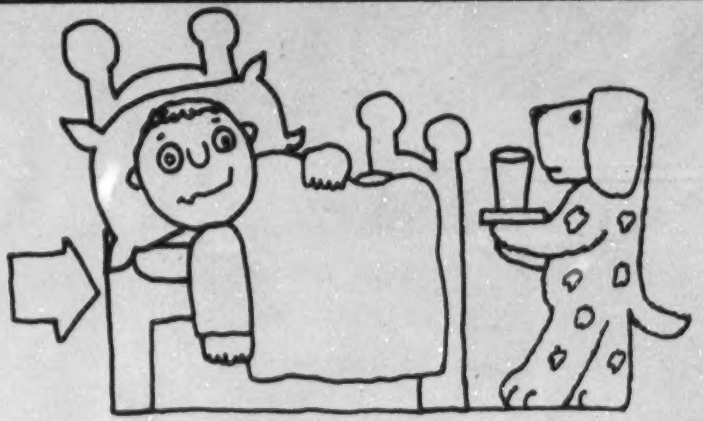
Call your local poison control or poison information center (check directory assistance).

Our Poison Jungle (cartoon slides). 44 slides, 35 mm, color with annotated script. Directed towards an adult audience. Covers incidence, hazards, preventive measures, and first aid suggestions. Purchase price: $20.00. Rental fee for three-week period: $5.00. American Association of Poison Control Centers, c/o Academy of Medicine of Cleveland, 10525 Carnegie Avenue, Cleveland, Ohio 44106.



Making My Home Safe

To Prevent This



4

BE SURE THAT ALL PRODUCTS ARE PROPERLY LABELED . . . AND READ THE LABEL BEFORE USING.

I should consider these points...

1

CLEAN OUT MY MEDICINE CHEST AND GET RID OF OLD MEDICINES BY FLUSHING THEM DOWN THE TOILET, RINSING, AND THEN THROWING AWAY THE CONTAINERS.

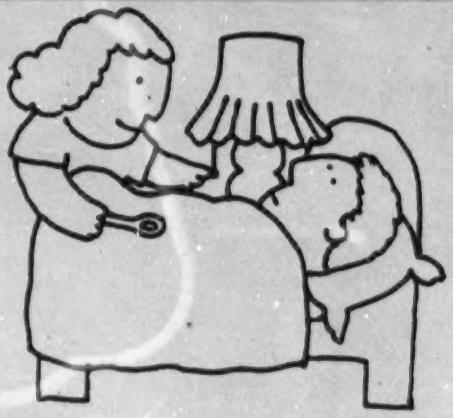
2

READ ALL LABELS ON ALL PRODUCTS FOR DIRECTIONS BEFORE USING.

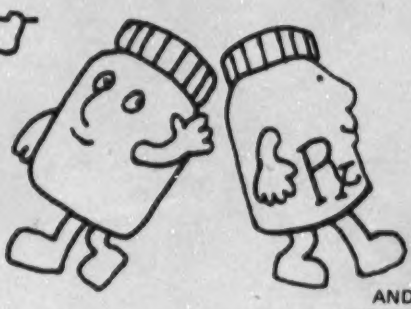
3

KEEP ALL POTENTIALLY POISONOUS HOUSEHOLD PRODUCTS AND MEDICATIONS OUT OF REACH AND OUT OF SIGHT OF CHILDREN, PREFERABLY IN A LOCKED CABINET OR CLOSET.

7 ALWAYS TURN THE LIGHTS ON WHEN TAKING OR GIVING MEDICATIONS AND READ THE LABEL.



NEVER LEAVE A CHILD UNATTENDED IN A ROOM WHERE A POTENTIALLY POISONOUS PRODUCT IS BEING USED. 6



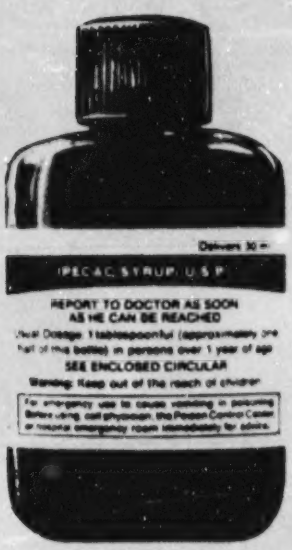
8 STORE ALL HOUSEHOLD PRODUCTS AND MEDICATIONS SEPARATELY FROM FOODS.

9 SINCE CHILDREN TEND TO IMITATE ADULTS, AVOID TAKING MEDICATIONS IN THEIR PRESENCE.

5 ASK FOR AND USE HOUSEHOLD PRODUCTS AND MEDICATIONS WHICH ARE AVAILABLE IN CHILD RESISTANT PACKAGING.

AND FINALLY: KNOW WHAT TO DO (AND BE PROPERLY PREPARED) IN AN EMERGENCY.

First Aid for Poisoning



The Food and Drug Administration has named Syrup of Ipecac the treatment of choice where vomiting is indicated in case of poisoning.

1 Call Your Doctor

Or call your nearest Poison Control Center, hospital emergency room, ambulance or rescue squad. Keep these numbers by your phone.

2 Find the Poison

Save the container and rest of contents. It will help the doctor or Poison Control Center to choose the best treatment. If the child vomits, save the vomitus for the doctor.

3 DO NOT Make the Patient Vomit If:

a) The patient is unconscious or is having convulsions.

b) The poison is a strong corrosive such as acid or lye. Give liquids instead.

Vomiting is not routinely advised for first aid if petroleum distillates (kerosene, gasoline, furniture polish, lighter fluid, etc.) are swallowed; in some cases, however, it may be recommended. Check with your doctor first.

4 To Make the Patient Vomit:

a) Give one tablespoonful (one-half ounce) of Syrup of Ipecac to children one year of age or older, with at least one cup of water. If no vomiting occurs after 20 minutes, this dose may be repeated *one time only.* Syrup of Ipecac can be bought at pharmacies and should be kept in the home at all times.

b) If you have no Syrup of Ipecac, give water and then try to make the patient vomit by gently pressing the back of the throat with your finger, a spoon or other blunt object.

After the child vomits, give more water or milk to drink.

"Children Act Fast — So Do Poisons"

U.S. Consumer Product Safety Commission
Washington, D.C. 20207

U.S. Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857

NOTES:

ADDITIONAL MATERIALS IN THIS SERIES ON POISON PREVENTION ARE AVAILABLE FROM THE U.S. CONSUMER PRODUCT SAFETY COMMISSION:

Poison Awareness—A Discussion Leader's Guide. A tool kit of ideas, activities, and techniques for conducting a group presentation on poison prevention, particularly the use, storage, and disposal of four types of potential poisons.

A tabletop display is available on loan from CPSC area offices for discussion leader's use.

Your Home Could Be FULL of Poisons. Colorfully illustrated brochure geared to adult audiences, describing four types of potential poisons, how poisonings occur, what to do in case of poisoning. Opens into a game on poison-proofing the home.

This document is in the public domain. It may be reproduced without change in part or in whole by an individual or organization without permission. If it is reproduced, however, the Commission would appreciate knowing how it is used. Write to the U.S. Consumer Product Safety Commission, Office of Communications, Washington, D.C. 20207.